

ROUTE # _____ - _____ - _____

ACCT# _____

DATE ____/____/____

City of McComb
P O BOX 667
McComb, MS 39649-0677

CHANGE OF MAILING ADDRESS FORM WATER BILLS

NAME ON ACCT: _____

SERVICE ADDRESS _____

NEW MAILING ADDRESS:

OLD MAILING ADDRESS:

PHONE # _____ - _____ - _____

SIGNATURE: _____

(THIS MUST THE PERSON THAT SIGNED THE ORIGINAL
CONTRACT UNLESS THAT PERSON IS DECEASED)